Society Reports.

PHILADELPHIA NEUROLGICAL SOCIETY.

Stated Meeting, March 26, 1888.

The President, S. WEIR MITCHELL, M.D., in the Chair.

Dr. S. WEIR MITCHELL read a paper on

LOCOMOTOR ATAXIA CONFINED TO THE ARMS: REVERSAL OF ORDINARY PROGRESS.

Drs. CHARLES K. MILLS and W. C. CAHALL reported

SIX CASES OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Dr. WILLIAM OSLER said that it was interesting to note that in this city cerebro-spinal meningitis had been endemic for so many years. Dr. Stillé states that every year since 1863-64, deaths from this affection have been reported. Many of the cases were not cerebro-spinal meningitis. Mistakes in diagnosis were very common in this affection. Three or four instances of this had come under his observation. One case of smallpox was diagnosticated as cerebro-spinal meningitis. Cases of what the French term the cerebro-spinal type of typhoid fever, were frequently diagnosticated as cerebro-spinal meningitis, and at the post-mortem the brain was deeply congested, while the intestines exhibited the characteristic enteric lesions. The fifth case reported by Drs. Mills and Cahall resembled typhoid fever with severe cerebro-spinal manifestations. In certain of these cases he did not think that it was possible to make a positive diagnosis, unless the base of the brain was involved.

Dr. MILLS said that the fact that in the fifth case the pa-

tient became blind was a strong point in favor of cerebro-spinal meningitis.

Dr. H. A. HARE spoke with reference to the use of salicylic acid and quinine in cerebro-spinal meningitis. He had always understood from his reading and teaching and had found it practically correct, that these drugs are contraindicated in inflammation of the meninges of the brain and of the brain itself on the ground that they produced congestion of these parts. Studies have shown that in animals killed with quinine intense inflammation of the meninges of the brain was the typical post-mortem lesion.

Dr. WILLIAM W. WELCH had been much pleased in listening to what had been said. It was, he said, shortly after the war that he first saw in this city cases of cerebro-spinal meningitis, and they answered to the description given that evening. Since then he had only occasionally met with a case. He was inclined to agree with Dr. Osler that not unfrequently a mistake in diagnosis was made in regard to this disease. He had seen more than one case of smallpox mistaken for cerebro-spinal meningitis. About a year before, a young Swedish girl, suffering from this disease, had been brought to the Municipal Hospital from a ship arriving at this port. Of course he did not see her early in the disease nor was he able to obtain any history, but when admitted there was cephalalgia, hyperæsthesia, and marked stiffness of the neck and along the spinal column. She was totally deaf and in the course of the disease a purulent discharge came from the ears. For a time she seemed to improve, but finally lapsed into coma, and finally died after being in the hospital thirty-six days. No post-mortem was made. There had been under treatment in the hospital two cases which came from the locality mentioned by Drs. Mills and Cahall. These cases were not sent to the hospital until they had been sick about two weeks. He learned, however, that in both cases the sickness came on suddenly with a chill followed by fever, nausea, headache, intolerance of light, delirium, and stiffness amounting to rigidity of the cervical muscles. On admission most of these symptoms continued. It was about seven weeks since the attack oc-

curred; in one case there was apparent improvement, but the condition of the other was still critical. The convalescence from this disease is always protracted. Indeed, he had sometimes questioned whether in severe cases perfect recovery ever takes place.

Stated Meeting, March 26, 1888.

The President, S. WEIR MITCHELL, M. D. in the chair. In opening the discussion upon the subject of the

FORCIBLE FEEDING OF THE INSANE,

introduced by the translation of Dr. Rader's paper, and by the paper of Dr John B. Chapin.

DR. S. PRESTON JONES, of the Stockton Sanitarium, Merchantville, N. J., said he had never seen any serious results from forcible feeding. He found it necessary in about one out of every one or two hundred cases. Some patients refused food because there was actually no appetite and a loathing of food. These patients were in bad health, and in such cases forcible feeding he thought did harm and the patients would mostly die at any rate. If the patient was in good general health and refused food, he did so because he thought it was poisoned. It could be forcibly administered, and digestion as a rule was good. He had seen such patients steadily improve under such a course and sometimes get well. Patients sometimes had queer reasons for refusing to take food. One man under his care had told his wife as she was about leaving him, that he would never eat a mouthful in the hospital. We let him go for a week or ten days and then began to use the stomach-pump. He soon began to improve and would have gladly taken food had it not been for the fact that he had made a vow not to eat voluntarily. At the end of three months he left the institution restored to health. Another of our old patients was very fastidious about his food and unless he got just what he wanted he would not eat. This became troublesome and on one occasion we used the pump, not in the gentlest manner. And there was no further trouble.

Formerly the stomach-pump and tube were used, but he now employs the nasal-tube. This was easily done, did not injure the œsophagus or stomach, and the food passed into the stomach much more slowly than with the pump. He thought that possibly some damage might be done by pumping a large quantity of fluid rapidly into the stomach. The use of the stomach-tube was sometimes done in a rough manner, causing much discomfort. The mouth had to be forcibly opened, and sometimes this was a serious matter.

Dr. Jones had never before heard of a patient being strangled under the operation. He thought that formerly patients were often forced to take food too soon. At one time it was taught that the patient should not be permitted to go more than one or two days without taking food. He now had a patient who was rapidly recovering, who had been fed twice a day for six months. He had not the slightest doubt but that he would have died if he had been left alone.

DR. E. N. BRUSH, first assistant physician in the Male Department of the Pennsylvania Hospital for the Insane, said that it had been his habit for the past ten years in the two hospitals with which he had been connected to use forcible feeding. He had employed the nasal-tube, the stomach-tube and injections. He had never regretted feeding a patient, but had sometimes regretted that he had not done it. He thought that sometimes patients were not fed soon enough, and not often enough when we do feed them. In some hospitals the routine custom was to feed two or three times a day. He thought that in some cases it would be better to give smaller quantities six or eight times a day. It was an easy thing to use the nasal-tube, or if there was some deformity of the nose, or other reason contra-indicating its use, the mouth could be readily opened if we went about it in the right way. It had been said that if the patient was a lady, the best plan was to get her to talk. In other cases, the index finger could be passed between the cheek and the teeth and inserted behind the last molar, and the jaws could then be separated.

The importance of this matter should be impressed on the

general practitioner. We frequently see cases reported in newspapers where death has resulted because artificial feeding had not been employed. Physicians had a fear of this simple and ordinary operation. He frequently used the tube as a siphon, the tube being provided with a bulb by which the flow might be started. A similar arrangement might be used for washing out the stomach in case of poisoning. The bulb was without valves, these being extemporized by the operator's fingers. In a certain proportion of cases washing out of the stomach as part of the feeding operation—the washing being done some time before the introduction of food—resulted in an improved condition of that organ and a voluntary resumption of eating.

Almost all of the ordinary articles of food might be given through the tube. Mashed potatoes could be given if mixed with a little milk and some preparation of malt. The same might be said of the farinaceous foods. Powdered beef and other preparations of meat are easily administered.

Dr. Brush on more than one occasion fed patients by the rectum. When the stomach rejects food, or when the injection of food caused pain, this method deserved a trial. He had employed various articles by this method. Some years ago he tried defibrinated blood. It acted satisfactorily, but gave rise to such an offensive odor that it was discontinued.

Various methods have been suggested for the feeding of patients. One of the most striking was that proposed by an Italian physician. He suggested that the food be prepared in the form of a bolus, which was placed in the back of the pharynx, and then an electric current was passed through the neck, causing the mass to be swallowed. He claimed to have accomplished this.

The length of time that a patient can be kept in good condition by forcible feeding probably depended upon the other conditions present. He saw a patient of Dr. Yellowlees, in Scotland, who had been fed daily for six years, and was still in good condition. He had fed a patient for eighteen months. The patient was then transferred to another hospital, where at last accounts she was still being fed. Dr.

Westphal preferred the use of a funnel with a stomach-tube. So do some of the other German authorities. Some of the English alienists still use the stomach-pump. Dr. Yellowlees used a bottle with the tube attached to its side, at the bottom.

In the matter of tubes, Dr. Brushe's preference was for the soft rubber ones. For nasal feeding he used a soft rubber catheter, with the opening in the end. He had various sizes of stomach-tubes of the same material.

DR. J. C. HALL, Physician-in-Chief of the Frankford Insane Asylum, Philadelphia, said the ground seemed to be pretty well covered by those who had taken part in the discussion. He must say that he did not agree with Dr. Rader in regard to the advisability of not feeding. He had never seen any bad results from the practice, and he thought that a mistake was often made in waiting too long before beginning forcible feeding. He should not like one of his patients to go more than twenty-four hours without taking food if he thought his condition required it.

At the present time, they had an epidemic of not eating in the institution with which he was connected. About ten per cent. of the cases refused to take food. He found that one with a good deal of strategy will influence others to follow his example. Some he thought had taken up the matter by imitation. He employed the nasal- tube, although he preferred the stomach-tube where it could be used without too much annoyance, on account of its greater rapidity. He used with this a funnel. The only objection that he had met with was that the patient would occasionally regurgitate the food. He thought that the main thing to be taken into consideration was not to allow the patient to go too long without food. He recalled one case of melancholia in which food was refused under the delusion that it was poisoned. This patient was fed three or four times a day for eight or ten months, and finally recovered, left the hospital and went into business. He has seen many other cases in which the advantages of forcible feeding were clearly illustrated. Dr. Chapin had well covered the ground, and he agreed with him on most of the points presented.

DR. J. WILLOUGHBY PHILLIPS, of Burn Brae, Clifton Heights, Pennsylvania, said that during the past ten years he had had about fifteen cases in which forcible feeding was called for. He had never seen any accident; the only untoward occurrence that he had known of was a convulsion during the passage of the stomach-tube. He had used both the stomach and nasal-tube, and either can be employed with ease if properly managed. He used the tubes simply with a funnel. He had then in charge a lady who had not taken food voluntarily since a year ago last December. The nasal-tube was used twice daily during the entire period. She had not gained in weight, neither had she lost. During the operation the patients should be so thoroughly under control that there can be no possible chance of their injuring themselves or interfering with the operation. This can be accomplished by having plenty of assistance.

Of the foods used in such cases, milk and eggs head the list; with these may be combined beef tea, mutton broth, and strong comsommé, vegetables in liquid form, and occasionally extracts of malt and spirits, according to the requirements of the case. When patients are debilitated and run down, prompt and liberal feeding is clearly indicated. His practice was to administer nourishment twice daily, the amount being at least a pint and a half at each meal.

DR. WILLIAM OSLER said that in general practice he often had occasion to feed patients with the tube. In the course of some years' observation in the post-mortem room, he had seen three or four instances of deglutition pneumonia, which had been referred to in the paper. He saw such a case not long ago. A girl was admitted to the hospital in a comatose condition, and it was necessary to feed her with the nasal-tube. At the autopsy a double deglutition pneumonia was found. It was extremely important that the operation should be properly performed. The tube should be entirely emptied before it is withdrawn, and tsken out carefully. In the insane, accident is not so likely to result, for the patient generally coughs the foreign matter from the larynx, but the comatose patient dose not recognize it, and the fluid passes into the bronchial tubes.

DR. E. N. BRUSH said that the danger to which Dr. Osler referred should always be borne in mind. His invariable custom was to pinch the tube if it was soft, or if it was stiff, to place his finger over the opening while removing it. Dr. Hall had referred to the fact that he had had an epidemic of refusal of food. It was found that if other patients knew that there was a patient being fed with a tube there would soon be other cases, especially among those of a hysterical tendency. A curious fact may be mentioned that many of the case which refused to eat, would eat if they had a chance to steal sufficient to live upon; and acting upon that, he had often avoided the necessity of feeding, by directing the nurse to leave food where these patients could surreptitiously gain access to it.

DR. CHARLES K. MILLS said that he regarded the subject of the forcible feeding of the insane as one of great practical importance to general practitioners of medicine, as well as to those who had charge of the insane institutions. When we read in the *Medical and Surgical Reporter* the favorable editorial comments on Dr. Rader's paper, advocating non-interference when insane patients refused food, he felt that the subject would be an excellent one to bring before an association like the Philadelphia Neurological Society, which counts among its members neurologists, alienists and general physicians. He did not, however, feel that he could add much to the discussion; but he would like to emphasize the importance of forcibly feeding the insane who are treated at their homes, or not in institutions especially intended for such patients. He saw many cases of insanity in consultation, and was frequently called upon to treat such patients at their homes, either alone or in connection with other physicians. He could recall a number of cases of acute mania, melancholia, delusional monomania, and stuporous dementia, in which he was confident that fatal results, or absolute failure to succeed in treatment at home, were due to carelessness or tardiness or indifference as regards forcible feeding. Occasionally cases of hysterical insanity will either intentionally, or in spite of themselves because of their morbid impulses, carry

their refusal of food so far that their stomachs will not respond properly to the stimulus of food when given, and serious results will then ensue. He had had under his charge for several years an intelligent young man, but the unfortunate victim of a form of paranoia, chiefly exhibiting itself in abulia, inchoate delusions, and imperative conceptions, nearly all circling about a fundamental delusive idea with reference to the sinfulness of having blood entering in any way into his food. This patient was fed 400 to 500 times forcibly with the œsophageal tube in the course of about two years. Dr. Mills had but little doubt that his life was saved by the procedure; and not only so, but, as the patient himself had more than once declared, the forcible feeding had probably prevented him from passing into a state of acute mania, great excitement having frequently resulted from the terrible conflict precipitated by the struggle between the desire to take food owing to pressing physical necessity, and the resistance to the inclination by which he was delusively dominated.

As to the methods of feeding by force, his experience was in favor of the nasal-tube. As this discussion was intended in publication to cover the subject of forcible feeding, he would close his remarks by quoting from his little book on the "Nursing and Care of the Nervous and the Insane," a few remarks on this subject of nasal feeding: "The number of patients who cannot be fed by the nose is very small; occasionally, however, a patient is found whom it seems impossible to feed in this way, owing to the choking and strangling produced. This may be because of some peculiar anatomical conformation, or some special idiosyncrasy on the part of the patient. Such a patient will choke or strangle with nasal feeding when he will not when the stomach-tube is resorted to. If, when the attempt is made to pass the well-oiled tube through the nostril, resistance is encountered, and if, after a few trials, the tube cannot be made to pass, great force should not be employed by the operator, but the tube should be at once withdrawn and the effort should be made to pass it through the other nostril. In nearly all cases where special resistances is

offered on one side, the tube will pass with ease upon the other, and this, in most instances, is because, if hypertrophies or projections exist upon one side, there will be upon the other corresponding or compensating depressions and enlargements. Sometimes, but rarely, the mucous membrane is exceedingly irritable. After the nasal-tube has passed through the nostrils, it seems to have a peculiar tendency in some cases to drop into the glottis, the patient struggling and attempting to scream meanwhile. Some patients will spit or force the tube out into the mouth; and attendants can sometimes through the mouth, keep the tube, which has been passed through the nose, in position. Occasionally the nose is made sore by the use of the tube, but this is not likely to occur if the tube is always perfectly cleaned and well oiled. If it is of the proper kind; that is, a soft tube, there will be no danger of injuring the parts by breaking or perforating the mucous membrane. In using the nasal-tube, great care should be always exercised to see that at least fifteen to sixteen inches of the tube has been passed before beginning the feeding. This will make it certain that the entrance to the windpipe has been passed. Of course care should be taken to observe that the tube has not doubled itself." He would add one remark, namely: Great care should be taken not to administer the food too hot. He knew of one accident occurring in this way.

DR. S. S. SHULTZ, Physician-in-Chief of the State Hospital for the Insane at Danville, Pennsylvania, sent the following letter to Dr. Mills as his contribution to the discussion:

DANVILLE, PA., March 23, 1888.

My dear Doctor:—I give you herewith, as requested by you in your favor of the 17th inst., briefly my views in regard to the forcible feeding of the insane.

1st. Is it ever absolutely necessary to administer food against their will to any class of the insane? Is life prolonged or restoration to reason promoted by such a course of treatment? It must be admitted that this question does not allow a mathematical demonstration either way. It is easy to claim when bodily health is restored or the mind

improved under compulsory feeding that this would have happened without such treatment, or when death occurs, or insanity becomes chronic, under the expectant plan that such results were inevitable. In medicine, few problems could be solved by such a method of reasoning. The majority of patients who come into hospitals, from country districts at least, suffer from impaired nutrition. Until there is improvement in the pasty tongue, the want of appetite, anæmia and emaciation, it is in vain to look for improvement in the symptoms of insanity. Impoverishment of the blood seems to be the condition which gives many of the so-called causes of insanity their importance. These may be incurable, as, for instance, the remains of injuries to the skull, or disease of the heart, and yet if the nutrition can be improved and the blood enriched, the mental disorder often for a time disappears. When insanity is the result simply of defective nutrition, progress towards permanent restoration keeps pace with the improvement of the blood resulting from better nutrition. If this torpid condition of the nutritive functions is permitted to remain a long time, the irregular mental habits become chronic, and the risk of incurability rapidly increases.

This much to show my deep convictions that poor blood plays an important part in the causation of many cases of insanity, and that the prompt correction of this will give the best chances of recovery. A german writer defending the expectant plan, sees no danger in fasting when it is not prolonged over fourteen days without taking water, not over fifty days when water is taken, nor so long as 60 per cent. of the body weight remains. The practice of such a rule or anything approaching its extremes, it seems to me, must lead to the sacrifice, not only of the chances of recovery, but of life itself. It can certainly not be the part of wisdom to allow the boat with its living human freight to drift to the very brink of the cataract, without attempting to arrest it at the beginning of the rapids, where it can be done with so little risk.

Insane patients having organic disease of the digestive apparatus, as inflammation of the pharynx or cancer of the

stomach, are likely to refuse food earlier and more persistently than the same in similar conditions, and the measures suitable for those whose fasting is the result of delusion need modification for these. The melancholic who fast from religious or suicidal motives, or the delusion that there is no room for food, or that the passages are closed, most often carry their purpose to a dangerous extent, and thwart persuasion, reasoning, coaxing, no matter how skilfully or persistently plied. No rule based on the element of time of fasting is applicable; but as there has been usually for weeks an insufficient amount of food taken, it is safe to begin the feeding as soon as the purpose of abstinence has shown itself to be settled, and refusal to yield to other resources, and both bodily and mental symptoms become worse. The more the character of the patient while in health was marked by resolute purpose and stubbornness of will, the less likely is delay to be of any use.

Of course food introduced into the stomach in this mechanical and compulsory manner is of less value than when taken at the promptings of natural hunger; but one must choose the lesser of two evils.

Nutritive enemata may answer for a time when fasting instead of being the result of a fixed purpose has its origin in the loss of the feeling of hunger.

Patients suffering from melancholy no doubt must often require artificial feeding, but other forms of insanity may demand the same treatment. When no physical condition can be detected that would justify abstinence, the forcible administration of food should not be delayed to the point of starvation in any form of disease. When emaciation has surely set in, the breath has become characteristically heavy and foul, and the strength is diminishing, active measures should be no longer postponed, when the will of the patient cannot be persuaded.

With reference to the manner of carrying out the indication, little need be said, as the nasal tube is now universally preferred to that by the œsophagus. It has the advantage of making resistance less possible; and injury to the teeth and soft parts cannot occur.

It is possible that the tube may enter the larynx through an awkward position or movement of the patient. If the tube is pervious and haste is avoided, such a misadventure will be defeated through the restlessness of the patient and the escape of the air through the outer end of the tube.

Very truly yours,

S. S. SCHULTZ.

NEW YORK NEUROLOGICAL SOCIETY.

Meeting held Tuesday Evening, April 3d, 1888.

THE PRESIDENT, C. L. DANA, M. D., IN THE CHAIR.

DR. A. ROCKWELL presented two cases of

BASEDOW'S DISEASE,

illustrating results which could not infrequently be obtained by treatment. The first case was that of a young lady who for a year and a half past had presented the three symptoms—protrusion of the eyes, swelling of the neck, and increased frequency of the pulse. The neck had measured fourteen inches, and the pulse had varied between 140 and 160, or above. Respiration had been 35, as a rule. After four months of treatment, consisting of dietetic regulation, internal medication, and electricity to the neck, the size of the goitre had been reduced one inch, the exophthalmus had diminished, and the pulse had diminished 60 beats. The patient's whole physical condition also had been changed, so that she could engage in the occupations and the enjoyments of life. At the end of treatment the pulse was 75 or 80. It had intermitted from the first, and it still retained this characteristic. Five years had elapsed since the discontinuance of treatment, and there had been no relapse.

The second case was that of a gentleman still under treatment. Out of thirty cases in the speaker's experience